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ORIGINAL DEPARTMENT.

Communications.

BIOGRAPHICAL SKETCHES

OF

Distinguished Living New York Surgeons.

By SAM'L. W. FRANCIS, M. D.,

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No. 3.

William H. Vanburen.

The subject of the present sketch was born in Philadelphia, Pennsylvania, in the year 1819, the place of business of his illustrious father, who for many years was associated in business transactions with that man of parts, JOHN VAUGHAN. It was not merely a bond of mercantile integrity. The genial influences of a social life were eminently conducive in rendering home pleasant and work a pastime. In this city of brotherly love Mr. VANBUREN married, and passed the greater part of an eventful life. His mind was centred on the assets of a fiscal era till his son, Wm. H., entered on the stage of this sublunary sphere. Then hope engrossed the mind and talent paved the way.

Young VANBUREN's paternal grandfather and his father, of an earlier period, were disciples of Æsculapius; took the Hippocratic oath, and practiced physic extensively in Philadelphia, and the rapidly increasing town of Hackensack, New Jersey. No little of their success was due to gracious manners, the result of innate worthiness and an active sense of condensed merit. Many there are who find their way in the mystic light of uncertain truth and steer propitiously through shoals of gossip. But that which comes from the old Knickerbocker stock is not only infallible in conduct but salutary in precept. It was from old line, staunch patriots that young WILLIAM was germinated. Those who boast of the privilege of knowing him cannot fail to perceive a firmness of character, distinguished by an acuteness of

perception only equalled by his skill in practice and courtesy in the drawing-room.

Young VANBUREN having left all meaner things, to low ambition and the pride of kings, departed from the fireside and boldly entered the classical grounds of Yale College. Following, with determined zeal, the salutary rules of a healthful doctrine, he was graduated with honor and became a man of mind. Even in the desultory remarks incident to the lecture-room, we can discover styles of speech indicative of refined thought, and evidencing a cultivated intellect of no ordinary stamp.

Surely it is right to lead forth latent meditation and coax originality, when such a ripe reward is reaped as the cultivated sensorium of young VANBUREN upon leaving hallowed grounds and revered doctrines. Soon after receiving his A. B., WILLIAM VANBUREN became a student of medicine, and followed out conscientiously the designated course of the Pennsylvania University. Here the cadaver was closely studied and many truths, of anatomical value, impressed upon the mind. It was not merely a parchment diploma that was to be obtained, but the essence of experience combined with the teachings of science purified. Observation would be of no avail were not memory to prove an ally.

About this time young VANBUREN visited Europe for the purpose of enlarging his knowledge, in a scientific point of view, familiarizing himself with the aphorisms of a foreign school, and comparing the medical philosophy of French practitioners with the common sense axioms of American surgery. Accordingly he passed eighteen months in Paris where diseases and their treatment were lucidly expounded and a fresh zeal for greater progress roused his strengthened mind. In 1840 he was graduated from the Pennsylvania University and entered the army in June of the same year, where active duties, hard work and practical service the better fitted him for the more energetic calls of his profession.

In 1842 Dr. VANBUREN married the daughter of Prof. VALENTINE MOTT and continued in the

army till the year 1845 having spent the last three years of his military efficiency in the Surgeon-General's office. For several years the Doctor devoted himself to the general practice incident to a surgeon's profession; following out, at times, theories of his own; and again, looking deeply into the principle of healing in wounds; the power of reparation and the general influence of mind on matter.

Dr. VANBUREN was appointed Surgeon to Bellevue Hospital many years ago, and was enabled, by his analytical deductions to realize the vast difference between a similar disease affecting a patient in easy circumstances and the bedside treatment of a broken down laborer. He soon became Surgeon to the New York Hospital and subsequently Surgeon to St. Vincent Hospital; both of which institutions are of countless benefit to suffering humanity and excellent schools for the inquisitive mind.

In 1852 Dr. VANBUREN succeeded GRANVILLE SHARP PATTISON, as Professor of Anatomy in the University Medical College of New York, and has since been instrumental in bringing forth the youthful student to a serious contemplation of the excellencies of the healing art. As an expounder, Professor VANBUREN has no superior and few equals. In manner quiet, self-possessed and easy, yet not cold, he enters fully on the subject for the day, with an instinctive interest that fascinates while it instructs and fixes on the mind important data not to be obliterated. Few there are who can lose self, and plunging into the very centre of attraction, cause those around to think only of the subject not themselves. Few there are, who own the power to unravel mystery and lay bare hidden truths with the facility of experience and the success of age. It is not merely the aim of Professor VANBUREN to make his lecture easy of comprehension or replete with interest; but sober judgment is enabled to detect a beautiful analogy in all his reasoning and appreciate the poetry of Saxon words. The profound respect with which the students of medicine in my day, ever spoke of Dr. VANBUREN was no slight index of his power over willing intellects.

As an operator, Dr. VANBUREN is among the first. His thorough knowledge of relative anatomy; his past experience in the dissecting room and his many successful surgical cases have eminently qualified him to become "alter primus." It is no little pleasure to see him amputate a limb or reduce a dislocation; so clean are all his cuts, so happy his rotations. Professor VANBUREN has sought to improve

upon the modern style of treatment, bandages, incisions, flaps, etc., rather than to originate any new doctrine or alter the human body for the purpose of making novel discoveries and tying unknown knots. Though this has been his practice in life, there is not one of the great operations, of an heroic character, that he has not performed often with success; invariably with relief. He has amputated THREE times at the hip-joint; removed quantities of foreign bodies from the trachea and tied the primitive iliac, external iliac and subclavian arteries. There are also many cases in which he strongly advocates no use whatever of the knife. Such, for instance as abscess of the breast. Often does he regard a free incision in affections of this kind as a retarder of the justifications of nature. I have heard him moreover assert that not unfrequently the opening a large carbuncle does more harm than good. In the region of the rectum he strongly recommends, under certain circumstances, distension in preference to the scalpel, bistoury or other instruments of that capacity. This is not a mere fanciful theory; nor does it proceed from the desire of propounding an idea whose birth-place was his brain. It is the result of calm judgment, a meditative ratiocination and the close study and investigation of numerous cases of a similar nature. Not a few entertain opinions diametrically the reverse of this view. But many there are who have detected the best kinds of common sense in these aphorisms, and upon experiment, arrived at the same result. During the past few years Dr. VANBUREN, though constantly called upon to perform a variety of operations, has gradually followed out the many complicated affections of the genito-urinary organs, and become in the abstract sense of the word a specialist.

When a young surgeon or medical practitioner confines himself to one or more specialties he may rapidly acquire an accurate idea of the peculiarities belonging to that infirmity. But it is the province of one old in practice, of a general kind to compare mind with body, seek for the constitutional tendencies; and then, if necessary treat locally. Dr. VANBUREN has been enabled, by his large experience, to draw inferences not easily comprehended by the uninitiated, and to regard hereditary taints as in no slight degree worthy of especial study. I myself have seen him introduce a sound for stricture of the urethra, so fine that it did not seem possible to find the contracted passage without causing a vast amount of suffering; yet the patient ap-

peared in no respects inconvenienced or in any way to be cognizant that a foreign body was entering his bladder.

As a lecturer Professor VANBUREN takes the highest rank; being not only instructive and entertaining, but terse and to the point. It would seem advisable for one, who endeavors to unfold the hidden truths of anatomical phenomena, to place within easy access the headings or important data, bearing more directly on the subject next in course. But with the Doctor this is not felt. From the moment of commencement till the gong peals forth the time expired, both professor and attending students become mutually fascinated, and as facts gleam forth the interest increases and a sense of knowledge forces back the hesitating mind.

Never pausing for a word, replete with information and drawing, not unfrequently from comparative anatomy he seeks the salient points. By a pleasing imagery, permissible in didactic reasoning, the more important facts are elucidated and microscopic anatomy brought to light in the form of harmonious charts. They are informed not merely as to the present state of science and the better condition of educated dissections; but the many novel theories of the past are dwelt on only for the purpose of disclosing the superiority of modern times when reviewing the erroneous precepts of a visionary and most superstitious era.

The principal works of Dr. VANBUREN have been published in the medical periodicals of the day. These articles were extensively perused. Invariably have the suggestion been adopted by those desirous of improvement and willing to be taught. It is to be hoped that ere long these masterly effusions will be collected and brought forth in the tangible form of a well printed book. Prof. VANBUREN has also edited Bernard and Huette's and Morel's Histology; a work that for many years has found admirers and been authority with those who are enamored of style and seek enjoyment in the philosophy of growth.

At the commencement of the present war Dr. VANBUREN, in connection with Rev. Dr. BELLows, was mainly instrumental in originating the United States Sanitary Commission, an Institution that has received more money for charitable purposes than any other in this country. It is the desire of all that the officers may be enabled to carry out to the utmost extent the means with which they have been so bountifully furnished. Dr. VANBUREN rarely fails. Truly this is his crowning effort. Long may he be spared to do honor to our noble profession.

Observations on
STRICTURES OF THE RECTUM
And their Treatment.

By LOUIS BAUER, M. D., ETC.,
Of Brooklyn.

Strictures of the rectum are evidently more frequent than is generally supposed. Within a comparative brief period some eleven cases have come under my observation. It is worth noticing that nine patients out of that number were married women. The youngest of the sufferers was a girl of thirteen years; the oldest a man of little more than forty years. Most cases had existed for years and although accompanied by a copious discharge of blood and matter, the patients seemed to have suffered but little in constitutional strength.

Several of the cases were complicated respectively with rupture of the perinæum, prolapsus vaginæ, distensus uteri, recto-vaginal fistula, etc. The last complication being located below the stricture, no casual observation could be established between the two.

As to causation I can but suggest my surmises. In three instances syphilitis seemed to be at the bottom; persistent antisyphilitic treatment brought however no relief. From a careful analysis, I am disposed to ascribe to habitual constipation of the bowels and its incidental local effects, internal hemorrhoids, excoriations, ulcerations, etc., the cause of those obstructions.

Most all strictures I have had an opportunity of observing, were located within two inches above the sphincter and could without effort be reached by the finger. When exposed by SIM's Speculum, the actual stricture seemed to be thin, bloodless, and made up of the material of cicatrices, consequently very tense and unyielding. In the immediate neighborhood of the stricture the walls of the rectum are somewhat thickened, whereby the passage is moderately narrowed. Above and below the stricture, however, the rectum is rather widened, so that it assumed the shape of an hour glass. The form is, however, not always regular, inasmuch as the stricture is not always central. The passage through the stricture is variable in size, from the point of a finger to a quill. The lower pouch is covered with coarse and readily bleeding granulations from whence a copious purulent discharge is pouring out. According to the form and size of the stricture, the feces are formed. In some instances they are quite round, in others they are flattened, and in a few I have found them to be triangular.



Beyond the parts immediately concerned in the obstruction, there are no other structural changes observed. The constant pressure downward and the difficulty with which alvine evacuations are at all effected, give of course rise to displacement of the pelvic organs, more particularly when the perinæum has been rent.

The accepted treatment of these complaints is *gradual dilatation* by bougies. I have faithfully tried it but found it wanting. In the first place it is by no means always easy to introduce a bougie. The rectum is exceedingly tender and the sphincter ani firmly closed by reflex spasm. Without chloroform it is out of the question to make use of mechanical appliances, and it is equally impossible to administer it as often as would be required to effect relief, without some damage to the general health. But even without that objection the dilatation alone is inefficient however persistently followed up. For the structure concerned is very elastic and though it may admit graduated bougies, yet, if left alone it will inevitably resume its original form and thereby frustrate all efforts of this description.

A more serious objection to the use of bougies however, is the danger of perforation. It may seem that such an accident cannot possibly happen if due precaution is being taken. Yet authenticated facts have taught that the most skillful and proverbially prudent surgeons may meet with such mishaps. It would appear that perforation or rupture of the rectum is much more easy than we imagine. Without some force it is absolutely impossible to pass the stricture with a larger bougie. Whilst we press the point of the latter against the stricture we have to stretch the lower part of the rectum and raise the strictured portion. The perforation may happen right below the latter, or rupture the anterior wall of the rectum on account of the exceeding softness of the tissues.

I prefer, therefore, the operation of the stricture with subsequent dilatation as the surer and safer plan. The operation is comparatively trifling, requiring but ordinary surgical dexterity. It may be made by exposing the stric-

ture to a full view by speculum and careful incisions with a blunt pointed bistoury or Bouvier's tenotome, or the finger may be used as a director. The scarification should, however, be made through the adventitious structure and the rectal passage thereby so widened as to admit two and even three fingers.

But even when most thoroughly performed the operation will give no positive assurance against a recurrence of the trouble. Therefore dilatation should be persistently pursued in order to secure the results of the operation as it is more or less necessary in strictures of other localities.

Considering the bougies for that hazardous and equally impracticable, I have constructed an instrument which has proved in my hands a most useful contrivance and of which my distinguished friend Professor JOSEPH PANCOAST has expressed himself in approving terms.

It will be seen that the new dilator is made to the pattern of RIGAUD MIRKELENA'S stricture instrument of the urethra. I claim, therefore, no originality of design; all I do claim is the application of an already existing idea to the treatment of the disease in question.

The accompanying diagram so well illustrates the construction of the contrivance as to render superfluous a more minute description. The screw opens and closes the blades of the same and thus regulates the amount of dilatation designed. The blades are made of vulcanized India rubber, their width determines the size of the instrument when fully closed or opened. The form and length of the same may be decided by the size of the stricture and it is desirable to have lateral or antero-posterior dilatation. The diagram is meant for the latter, but the instrument may just as well be made for lateral opening.

One of the greatest advantages of the same is however the facility with which the patients can handle and employ it upon themselves, and so, in protecting themselves by its frequent use, against a relapse of the malady they relieve the attending surgeon of a drudgery incidental to the treatment of it.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
June 15, 1864. }

SURGICAL CLINIC OF PROF. S. D. GROSS, M. D.

Reported by Dr. Wm. H. Lathrop.

Amputation at the Hip-Joint.

M—T—, aged twelve years, exhibits the result of a successful amputation at the hip-joint. She was admitted into the Philadelphia Hospital in January, 1862, for a burn involving nearly the whole of the left lower extremity, and a portion of the right. She was reduced almost to a skeleton and was anæmic and feeble. She was moreover covered with scabs from the burn, some of them half an inch thick, from the heel to near the groin. Deeming the case of unusual importance and danger, Prof. Gross held a consultation with the three other surgeons of the hospital. Two of them were of the opinion that an amputation at the hip-joint would undoubtedly be fatal, and that it ought not to be attempted. Prof. Gross, however, concluded to give the patient a chance for her life and performed the operation. Scarcely an ounce of blood was lost. Pressure was made upon the abdominal aorta by an assistant with his thumb, and also upon the external iliac below Poupart's ligament. The anterior flap was first made after which the burn was disarticulated and then the posterior flap was made. The wound healed kindly, in great part by the first intention. The ligatures came away without trouble though one of them remained for four months. After the operation the patient immediately began to improve, gaining flesh rapidly. She took nine ounces of whiskey daily for two months. She now looks quite well, walking with the aid of crutches. Unfortunately, however, M— is suffering from valvular disease of the heart and hypertrophy of the left ventricle. The beating of her heart can be distinctly seen by the movement of her dress.

Hydrorachitis.

J—D—, aged six weeks, has a hemispherical tumor two inches and a half in diameter, in the lumbo-sacral region. It is translucent, soft, shining and fluctuating, and it is owing to hydrorachitis or bifid spine. Its seat is sometimes on the back of the neck, but usually in the lumbar, or lumbo-sacral regions. Sometimes it is associated with hydrocephalus, frequently with club-foot, and sometimes with hare-lip. Bifid-spine is analogous to cleft palate, hypopadius and hare-lip, and is caused by a deficiency in the growth of the vertebræ. Through the opening thus caused there is a protrusion of the membranes of the spinal cord. The sack that is formed is filled with the cephalo-spinal liquid. This liquid was first described by Magendie in

1827. It exists in the brain and spinal cord. It is clear and saline, but contains no albumen. Its function is to protect the brain and spinal cord by equalizing pressure. An animal from whom this liquid is removed is affected with coma. Sometimes in these tumors there is protrusion of the spinal cord itself, but usually only of the membranes, lined with nerves, which constitute a reteform condition similar to the columnæ carneæ of the heart. This disease is almost uniformly fatal to the patient in the course of a few years, though there are cases recorded of persons living with it through a life of ordinary length.

As a general rule no treatment is advisable, though various attempts at cure and alleviation have been made. Sometimes a mould or cast closely fitting the tumor is made and applied in order to cause gradual and constant pressure. It is hoped that by this means the liquid will be in time absorbed and the sack disappear. Another method of treatment is to remove the liquid subcutaneously. A puncture is made through the skin with the tenotome about two inches from the base of the tumor, and then an incision is made subcutaneously into the cavity of the tumor. Care must be taken to draw off only a small portion of the liquid at once. The wound should be closed and after a few days another puncture may be made in a different place. If the tumor is pedunculated with a very narrow footstalk, it may be ligated, but such a proceeding in the present case would speedily result in fatal convulsions. The best course here is to let it alone.

This child besides bifid spine has club-foot and a nœvus. The nœvus is on the left fore-arm and is about half an inch in diameter. It is composed of an enlargement of the veins of the skin and perhaps of the subcutaneous tissue. The patient also has club-foot, talipes valgus, the outer edge being turned upward. It is not best to operate upon the foot on account of the condition of the spine.

Extrophy of the Bladder.

M—N—, aged seven years, was a well-formed child in other respects, has extrophy or eversion of the urinary bladder—a congenital disease. There is a defect in the symphysis pubis and also in the straight and pyramidal muscles of the abdomen. The anterior wall of the bladder is entirely wanting and the mucous membrane of the posterior flap is visible continuous with the wall of the abdomen and protruding slightly from it. The mucous membrane thus brought to view is of a bright red color, equal to that of the lips. It is irritated and partially granulated by exposure to the atmosphere. Ordinarily the mucous membrane of the bladder is of a much paler color. The penis is deformed, being very small and flat. The frænum is visible and a portion of the prepuce. The seminal vesicles and prostate gland are present and the testes appear to be normally developed.

This deformity is not dangerous, but exceed-

ingly uncomfortable to the patient from the constant dribbling of the urine.

All that can be done for him is to increase his comfort by providing an apparatus to receive the urine. This apparatus consists of a metallic receptacle made to fit the wall of the abdomen and receive the urine. With this is connected a flexible tube passing down the leg to the ankle, and from this tube the apparatus is from time to time emptied. This deformity is exceedingly uncommon and almost entirely confined to males, the ten or twelve cases seen by the lecturer having all been males, except two.

Strabismus.

C—N—, aged nine years, has strabismus in his left eye. It is convergent, the eye being turned in toward the nose. This affection which is sometimes congenital, is liable to occur at any period of life from abuse of the eyes. It is analogous to club-foot. It is caused by the contraction of the internal straight muscle of the eye, and is cured by dividing this muscle. To insure perfect quiet on the part of the patient he is put under the influence of chloroform. The eyelids are held back by retractors. The operator then raises the mucous membrane of the conjunctiva with the toothed forceps and cuts through it with the scissors. The same is done with the cellular layer immediately beneath, when the sclerotic coat and the muscle are brought to view, the incision having been made on a line with the cornea. The muscle is then seized and divided with the scissors. The operation is bloodless and easy. Better results are obtained with young persons than with those that are older. In older persons it is frequently necessary to operate upon both eyes. It will not probably be so in the present case.

EDITORIAL DEPARTMENT.

Periscope.

Spareness of Habit and Emaciation.

Although this is not usually considered a disease, yet many regard a "lean and hungered look," as one from which they would gladly be relieved. If the condition be carefully examined it will be found that there is a certain constitutional repugnance to a quantity of food or that containing fatty matters, meals at long intervals, excessive indulgence in plain beverages, immoderate action of special excretory organs, anxious disposition, great mental or bodily labor, want of rest, etc., etc. Each of these if not altogether removable may be more or less modified, and the tendency to emaciation so far as dependent upon that cause be counteracted. The means by which this may be accomplished has been patiently investigated by several, among whom is Dr. Edward Smith, who has given in the *Lancet* the following conclusions:

1. The quietude and repose of the mind by overcoming irritability of temper, avoiding anxiety and excessive carefulness, and diminishing mental activity and exertion.

2. In cases marked by excitability of system and general frequency of pulse, to increase the repose of the body both by night and day, by prolonging the hours of sleep and restraining bodily exertion.

3. When the vital functions are not actively performed, the assimilation of food must be promoted by increased bodily activity and the use of highly nitrogenized food.

4. To supply any deficiency of heat of body by abundant clothing, by the direct application of heat to the skin through the medium of air or water, and, if necessary, by lessening the action of the skin by inunction or by saline solutions.

5. To increase the activity of the digestive process, if necessary, by food highly nitrogenized, by exertion, and by the inspiration of pure air.

6. To supply an increased quantity of fatty as well as nitrogenized foods in combination. Thompson proved that animals are *fattened* in proportion to the *nitrogen* in the fodder. Messrs. Lawes and Gilbert found the crop of *carbon* to be increased by *nitrogenized* manures; and my experiments prove that nitrogen is a vital stimulant, and aids in the transformation of the hydrocarbons and carbo-hydrates. No one dislikes every kind of fat, but the dislike is almost exclusively restricted to that of butcher's meat, whilst butter and the fat of bacon are enjoyed. Hence the quantity of fat in food cannot be always increased by increasing the quantity of meat (although it may be by increasing the quality, so that being better fed it shall contain more fatty juices), but it may be by giving milk, butter, and such oils and fats as are not disliked. Milk is the most perfect food, since it possesses the fat and the nitrogen in large quantity (viz., $\frac{1}{4}$ oz. of the former and 45 grains of the latter to the pint) and in such a form that the oil is introduced into the blood almost without delay or change. Hence milk in small quantities should be cooked and given at each meal, and in daily quantities of a pint and a half to three pints. Whenever milk is disliked as an article of food, it may be readily taken if given in small quantities when hot, made into puddings, or prepared with coffee, chocolate, or other foods.

7. It is questionable if the use of sugar largely conduces to this end. Moreover, Messrs. Laws and Gilbert have shown that sugar only equals starch in its fattening properties when given to animals, and my experiments have proved that it largely and most rapidly increases the emission of carbon by the lungs.

8. Alcohols (and particularly good and somewhat new ale) lessen the emission of fluid by the kidneys and skin, and ale, by its gluten, promotes assimilation. When rum is taken with milk it is the most powerful restorative and promoter of assimilation and alimentation which we possess.

The daily dietary for a man might be—1 pint of home-brewed ale, 2 pints of milk, 2 oz. of butter, 1 oz. of oil, 4 oz. of bacon, 6 oz. to 8 oz.

(uncooked) of well-fed meat, $\frac{1}{4}$ lb. to 1 lb. of bread, $\frac{1}{4}$ lb. of potatoes, 3 oz. of rice, sago, or other similar farinaceous food, 2 oz. of sugar, with cafe-au-lait and cream *ad libitum*. This will yield (without the cream) $17\frac{1}{2}$ oz. of carbon, and about 290 grs. of nitrogen. The treatment will be most successful in the spring season.

Subclavian Murmur.

Although this murmur is a frequent one, it as yet has no decided semeiotic value. Some associate it with organic disease of the lung or artery, and although it may occur with such lesions it more frequently is found without them. In the "Asclepiad," by Dr. B. W. Richardson, is an able essay upon the subject, where he proves that it may be found as the result of those occupations in which the arms are being constantly thrown forward and downward, as occurs in wood planing, hand sawing, French polishing and the like. When the arm is thrown forward, as in planing, and is brought back again by a brisk effort, the subclavius at each movement is brought into active play, the artery is pressed so as to impinge on the rib, and, as this proceeding is repeated for many years the parts so adapt themselves that the position of the vessel is modified by the circumstances, and subclavian murmur becomes a permanent, but itself a harmless phenomenon. In a late number of the *Lancet*, Dr. Thomas Palmer advocates a second cause, "diminution of the calibre of the artery from below by elevation of the first rib." The following considerations are deduced from one hundred and twenty-nine (129) examinations in support of the statement.

1. That in many cases the murmur is heard only during inspiration and holding of full breath, and that in others it is greatly increased at those times, though continually present in a less degree. 2. That this vessel rests on the surface of the first rib, which is usually grooved for it, indicating very close proximity; and elevation of this bone, then, by the scalenus anticus or otherwise (as by holding out the arm,) will trench upon the calibre of the artery, and give rise to the murmur in conformity with the well-known law; when the rib falls again, the sound falls with it. The minute and constantly occurring irregularities in the distribution of arteries and other parts will naturally and easily account for the occurrence of the murmur in some individuals only. 3. That the murmur is much more frequently found on the left side than on the right, as all observers unite in saying. This circumstance appears, owing to the different courses which the two arteries pursue with reference to the first rib; the left arising deep in the thorax, passes up behind and hooks over the corresponding rib and is thus much more likely to feel the effect on its calibre of an upward movement of that bone than the right subclavian, which follows a nearly horizontal course from the innominate.

Where the murmur is heard to be increased during inspiration, a little caution is required in order to discriminate duly between the augmented murmur and natural vesicular with the

arterial sound. The risk, too, of recording as subclavian murmur sounds produced by one's own stethoscope must be remembered.

Epidemic of Jaundice.

In the *Medical Times and Gazette*, it is stated that Mr. Bardinot presented a memoir to the Academy of Medicine, relating to an epidemic of jaundice affecting the puerperal women of Limoges. The paper is based upon twenty-five cases, three of which proved fatal. He has found it assuming three degrees: the *simple benign*, which in nowise interferes with the progress of the pregnancy, this going on to its full term; the *abortive*, in which it is severe enough to determine abortion or premature labor, but leads to no further ill effect; and the *malignant*, in which the death of both mother and infant is rapidly produced. This epidemic prevailed extensively amidst the population of Limoges, but with the exception of pregnant women, it proves in all a very mild affection.

What is an Organism?

It used to be taught, and until recently was very generally believed, by the highest scientific authorities, as well as by unlearned persons, that certain phenomena occurring in living beings were in their very nature essentially distinct from any changes taking place, or which could be caused by man to take place, in inorganic matter. And, as a consequence, until very recently, *living organisms* have been regarded as in some way quite different from things inanimate. *Vital actions* were supposed to be different from *physical and chemical actions*.

But it has long been known that physical and chemical changes take place in living organisms, and of late it has been stated that these physical and chemical actions are the *only actions* which occur, and hence they are the "vital actions" which were believed in a school gone by. If this be so, it would be correct to use the words "organism," "vital," &c., in cases in which it was not possible that ordinary life could be sustained, or it would be correct to give up the use of these words altogether. Inorganic matter in a certain state, but, as far as we know from experiment, utterly incompatible with life, has been said to exhibit *vital phenomena*, although it cannot *live* according to the ordinary sense of the word. On the other hand, things which undoubtedly do live, are said to exhibit changes resulting from the action of ordinary force. "Organizing force" is but another mode of heat.

If the development of heat, light and electricity results from vital action, and be characteristic of organisms, why should not a mass of inorganic matter which exhibits heat, light and electricity, be an organism? But it has not been shown that heat, light and electricity result from *vital action*; and, until this has been done, it must be more correct to regard them as *physical phenomena*, wherever they occur, than as vital phenomena when they are manifested in inorganic matter.

But, if it were true that there is no real distinction between *vital and physical and chemi-*

cal actions—if there were indeed, no actions occurring in living organisms peculiar to living organisms alone—let the use of all terms with which mysterious (vital) agencies are associated be abandoned; for, by retaining them, it is clear that we retard the real progress of science, and inculcate ideas which are not supported by facts, and which are really destitute of truth.

But it seems to me that many high authorities have rejected the idea of the existence of peculiar and unexplained actions (vital) in living beings, not upon insufficient evidence, but without any evidence to justify such a step; and it is not a little remarkable that not one of those who have accepted and taught these doctrines has ventured to describe what, according to his notion, takes place in living matter. It is right that these questions should be fairly investigated, and they are questions well worthy of attentive study, if the only object be to assign to many words now in common use, and employed very vaguely and in different senses, a definite and precise meaning.

Sir John Herschel has more than hinted that the term "organism" may be applied to matter even in a state of incandescence. Speaking of the willow-leaf like bodies discovered by Mr. Nasmyth upon the surface of the photosphere of the sun, he says:—"These flakes, be they what they may, 'are evidently the immediate sources of the solar light and heat by whatever mechanism or whatever processes they may be enabled to develop, and, as it were, elaborate these elements from the bosom of the non-luminous fluid in which they appear to float. Looked at in this point of view, we cannot refuse to regard them as organisms of some peculiar and amazing kind; and, though it would be too daring to speak of such organization as partaking of the nature of life, yet we do know that vital action is competent to develop both heat, light and electricity.'"—(*Good Word*, 1863, p. 282.)

But the President of the British Association goes a step further, and even ventures to suggest the particular class of organisms with which these bodies may be compared. He thinks they are shaped like *diatoms*! "I have still to advert to Mr. Nasmyth's remarkable discovery that the bright surface of the sun is composed of an aggregation of apparently solid forms, shaped like willow-leaves or some well-known forms of *Diatomaceæ*, and interlacing with one another in every direction. The forms are so regular in size and shape as to have led to a suggestion from one of our profoundest philosophers of their being *organisms, possibly even partaking of the nature of life*, but, at all events, closely connected with the *heating and vivifying influences of the sun*." (Report of Sir William Armstrong's Address to the British Association, *Athenæum*, August 29th, 1863.) In the above quotations the italics are my own.

The word "organism" is here applied to sheets, flakes, or scales having some sort of solidity, about 1000 miles in length, and 200 or 300 in breadth, the temperature of which is far higher than would be sufficient to keep the most refractory metals in a state of complete fusion, if not to convert them into vapor. With true respect,

but with the utmost earnestness, I venture to express the opinion that "organism" can not be properly applied to these bodies.

I will advance my objections *seriatim*, and I hope to be able to show that there are actions going on in every kind of living matter totally different in their nature to any actions which are known to occur in ordinary inorganic matter. I submit, in spite of many assertions, but *mere assertions* to the contrary, that we must still draw a most definite and well marked distinction between mere physical and chemical changes, whether they occur in things that "live" or in inanimate inorganic matter; and *those peculiar "vital actions"* which alone occur in matter that is alive. In these papers it will be my object to attach a precise and definite meaning to the terms "vital," "life," etc., and I shall endeavor to state the arguments in favor of this view as simply and clearly as possible. The evidence which I shall bring forward, I think, justifies the inference that these solar bodies regarded as "organisms," differ from any known organisms in so many essential particulars as to render this term altogether inappropriate. I hold that this term "organism," cannot be correctly applied to these solar bodies and also to living beings. From any known living beings these bodies differ in structure, in composition, in size and form, and in action; for it will be shown that, in every kind of living matter known to man, certain actions take place which cannot possibly occur in the sun.

1. As to structure. Every living organism around us, and every elementary part of an organism, consists of matter in two very different states. It is not possible to find a piece of any living tissue as much as one five hundredth of an English inch in diameter, which exhibits uniformity of structure throughout.

In answer to this asserted difference in structure between living tissues and inorganic matter, it will be said—Corresponding differences in structure *are* observed; for example, the section of a plum-pudding stone, of granite, of certain homogeneous viscid substances subjected to the action of a voltaic current, etc., shows masses or spaces more or less isolated, exhibiting certain characters, in the substance of a matrix possessing characters and properties very different. Stones and brick embedded in mortar are like the "cells" embedded in the "intercellular substance" of which such a tissue as cartilage is composed. To this I answer as follows:

a. Active and constant changes take place in the small collections of matter of which the so-called "cells" of the living tissue are partly composed, while the stones embedded in the mortar undergo no change.

b. The intercellular substance of the living tissue is *not deposited* around the "cells" like mortar around the stones, but it is formed from them. All the matter forming the "intercellular substance," or "cell wall," was at an earlier period in the same state as that matter of which the so-called "cells" are constituted. Now the mortar can exist without the stones embedded in it, but no "intercellular substance" was ever formed without "cells." And mortar may be

made first, and then stones may be imbedded in it; but "intercellular substance" is never formed first, and "cells" forced into it or caused to appear in it. Stones can never produce the mortar which surrounds them, but "cells" always exist before the "intercellular substance" and always take part in its production.

c. The soft granular matter of which the "cell" is composed during the living state gradually passes by continuity of structure into the surrounding material—termed "intercellular substance" in some tissues, "cell wall" in others.

d. The soft granular matter of which the "cells" are composed exhibits differences of appearance in different parts. And I shall adduce evidence to show that growth in these masses occurs from the centre. These zones have received arbitrary names, "Nucleolus," "Nucleus," but names are unimportant to the argument. No such differences, it need scarcely be said, exist in the stones. When the latter are embedded in the mortar no further change occurs; but it is easy to show that most active and important changes occur in the "cells" although they are surrounded by "intercellular substance."

e. The smallest particle of each little mass or cell of a living tissue *selects, forms, converts,* and can communicate these wonderful powers to inanimate matter which comes into contact with it, but the surrounding "intercellular substance," or "cell wall," does not possess these wonderful powers which are peculiar and correctly termed VITAL powers. Hence no true analogy can be drawn between "cells" embedded in "intercellular substance" and bricks or stones embedded in mortar, until the bricks or stones make themselves out of matter differing from them and from the mortar in composition, multiply in number of their own accord, and form and deposit the mortar which surrounds them.

Before the bodies in the photosphere of the sun can be compared to organisms, it must be shown that they possess some sort of *structure*, or at least it should appear reasonable to assume that some such difference in structure as can be shown to exist in all living tissues without exception, was possible and probable. But all known organisms differ from these bodies and from every kind of inorganic matter in many particulars besides structure.—L. S. B., King's College, London, in *The Reader*.

Tracheotomy in Group.

In the *British Medical Journal* we find an abstract of the statistical account of tracheotomy at the Hôpital des Enfants. The compiler, M. GUERSANT states that during eleven years 783 operations have been recorded; and of these, 191 were successful. In all these cases, the double canula has been employed, and the cravate placed over the canula. In all cases, the children had been ill several days, and had arrived at the stage of continued forced inspiration. In private practice since 1834, M. GUERSANT has performed tracheotomy 156 times, and has saved 28 children. His first 32 operations were unsuccessful, 2 only having survived; but at that time he used the single canula, and no cravate. Of the 124 operated on afterwards, 26 recovered. During the past year he has operated on 11 children, of whom 5 recovered.

Reviews and Book Notices.

Principals and Practice of Obstetrics. By HENRY L. HODGE, M. D., late Professor of Midwifery, etc., in the University of Pennsylvania. One large quarto volume, with one hundred and fifty-nine lithographic figures from original photographs, and numerous wood-cuts. Philadelphia: Blanchard & Lea, 1864. Price, \$13.

From a careful perusal of the preface, which gives a faithful and succinct history of the development and elevation of obstetrics among the co-ordinate branches of the medical sciences, the reader cannot fail to acknowledge the appreciation of the author in selecting for the dedication of this volume the memory of two of our most worthy American pioneers, Dr. THOMAS C. JAMES, and Dr. WILLIAM P. DEWEES.

In the descriptions of the obstetric anatomy of the pelvis, the great superiority of the illustrations first claim one's attention. Lithographic plates from photographs afford by far the most correct views that have yet been attained; the various relations of the parts, being by this process most truthfully portrayed. The division, separating the superior from the inferior, the false from the true pelvis, the representations of both being upon the same plate, a few lines of space only intervening, affords an exhibition of this subject at once unique and comprehensible.

That which is true of the pelvis as a whole is none the less so of the various planes and diameters, a thorough appreciation of which forms so important a part in the groundwork of all practical obstetric knowledge. The illustrations of these planes and diameters are in every respect superior and sufficiently clear to be understood by the most obtuse minds. The illustrations of the skeleton of the fetus, especially of the various planes or surfaces of the foetal head, are admirable. The author dissents from the excessive simplification of presentations by Professor NAEGLI, who has been quite universally followed by the Continental accoucheurs, and claims, we think with reason, that no less than eight planes or surfaces are to be considered. Thus the occipital, mental, sincipital, frontal, facial, two lateral, and the base of the head. He says, "as experience proves that many of these deviations are not only productive of delays and increased sufferings, but also that they remain persistent, and thus involve the welfare and even the life of the infant and its mother, we conceive it far better to examine in detail each of the so-called deviated presentations, in order that the complications thus resulting may be well understood and scientifically treated." Regarding the obstetric canal, in treating of the organs and tissues of the pelvis, the author suggests the influence which various sized heads exert in determining the axis of the pelvis at the inferior straight, and a variation of the "curve of Carus," heretofore so universally conceded. Concerning the diagnosis of the existing period of pregnancy, the author agrees with

CAZEAUX in according but little confidence in the relative shortening of the neck of the uterus. The theories of the decidua are most clearly stated of the structure of and circulation in the placenta, leaving, as he says many difficult and interesting questions to be elucidated by subsequent experiments and observations.

The author gives the views of various physiologists, from which he deducts the following as established facts:

"*First*.—The complete independence of the fetal circulation.

"*Second*.—The fetal vessels in their ramifications come into close contact with the maternal blood, either within the placenta or through the medium of the membrana decidua on its uterine surface.

"*Third*.—The nutrition of the fetus is maintained by the absorption of the materials from the fluids of the mother.

"*Fourth*.—The decarbonization of the fetal blood is also accomplished in the placenta through the medium of the mother's blood.

"*Fifth*.—Upon the separation of the placenta during gestation, or after delivery, the patulous orifices of the uterine veins are exposed, giving rise to a venous hemorrhage, which can only be arrested by the contraction of the uterine fibres covering these orifices. Should such contraction not ensue, the hemorrhage will be profuse, and sometimes rapidly fatal.

"*Sixth*.—The connection between the placenta and internal surface of the uterus is very slight, being easily destroyed simply by the contractions of the uterus or by the slightest traction.

"*Seventh*.—No nerves have been detected in the placenta, and hence no nervous influence can be directly propagated by the mother to the fetus."

The above mentioned seven deductions are regarded by the author as very important from forming practical principles for the obstetrician. Treating of the development of the embryo the attitude of the fetus forms an interesting subject of discussion, and we think the conclusions of the author most logical.

Among the sensible signs of pregnancy, that of a flattening of the abdomen in the early period, so generally quoted by obstetric writers, is by our author denied and the denial most logically supported. In speaking of the *manner* in which an examination by the touch is to be accomplished, some most practical suggestions are afforded, the value of which we think cannot be overestimated, and which should always guide the refined practitioner.

Under symptoms of pregnancy the usual *sensible* signs are noted. Of the rational signs, however, the author claims that "it is impossible to draw a line of demarkation between what are termed the rational signs of pregnancy and its diseases, between what is normal and what is abnormal." He goes on to say that, "to a certain extent the nervous and vascular systems may be excited or disturbed with perfect impunity; but if such disturbance or excitement be augmented, the physiological passes insensibly into the pathological condition. This may sometimes become so intense as to endanger or de-

stroy the life of the patient, and yet may be regarded strictly as nothing more than excessive physiological excitement, no peculiar morbid element being superadded. For example, the simple nervousness of pregnancy may be inordinately augmented, so as to be manifested in the form of violent convulsions. Also the natural excitement and fulness of the blood vessels may be aggravated, until dangerous phenomena result from the violence of the excitement, from general plethora or local congestions. Yet no one can determine the line of demarkation between the healthy and the morbid state. Hence we shall trace the rational signs of pregnancy, from those which are moderate or physiological to those which are more severe or pathological, and shall thus include under the present head, what have been technically called by authors the Diseases of Pregnancy, after which the therapeutical indications and appropriate treatment will be detailed."

We certainly do not object to the appropriation of every physiological and pathological change resulting from pregnancy to the class of rational signs, but indeed it would seem too, as that the unappreciable gradations between the physiological and pathological states, which the author gives as a reason for the classification he has assumed, is as unreasonable as it is unnecessary. Are the gradations between health and disease in a pregnant woman more slow or subtle than in an unimpregnated one? Certainly not. All morbid conditions resulting from pregnancy are undoubtedly just so many evidences of pregnancy, and the fact that such diseased conditions are caused by pregnancy is an all-sufficient reason for them to be classed among the signs of pregnancy, hence the requirement that they should be so classed depends, not upon the gradual development, but upon the cause of the disease.

Having cited the various symptoms of pregnancy and described those changes in the vital fluids which result from this condition, the author draws the following conclusions:

"*First*.—That the uterus and its appendages are in a state of vital erection, that its nervous and vascular systems are excited, and that the organic actions are increased for the development of the tissues of the parent and for the growth of the fetus.

"*Second*.—That in consequence of this uterine excitation, the cerebro-spinal system of nerves is disturbed, the sensibility is exalted, so that the mental, moral and physical condition of the woman is easily excited or depressed—she becomes nervous.

"*Third*.—That the general vascular system, the organic life, is also excited. The capillaries become more active; nutrition, secretion, and excretion are augmented. This increased activity of the organic actions is often manifested at the beginning of gestation, gradually augmenting until the full period. In those cases where there is much nausea, loss of appetite, indigestion, there are few or no evidences of this activity in the capillary circulation, which is in such cases often depressed. When these symptoms, however, vanish, when the appetite and

digestion return, the reaction is decided, and the nutritive functions become active.

"*Fourth.*—That there is a natural tendency to general vascular fullness or plethora in all cases of normal gestation, resulting from the increased activity of the organic actions, and the greater demand made upon the animal economy for the sustenance, growth, and development of the new being in utero.

"*Fifth.*—This tendency to hyperæmia is usually counteracted by the materials furnished to the fœtus; by the free secretions and excretions, and also, in many instances, by the increased development of the mother's tissues.

"*Sixth.*—That not unfrequently actual plethora does exist. This hyperæmia is often relieved, or at least moderated, by an increase of the cutaneous, renal, and other secretions, and also by the effusion into the areolar tissue, and occasionally into the serous cavities. In more decided cases it gives rise to hemorrhages, the blood being effused upon some of the mucous surfaces, or unfortunately into the cavities of the head, chest, or abdomen.

"*Seventh.*—That under the general idea of plethora should be included a large majority of cases in which the watery elements of the blood are in excess, with some diminution of the red corpuscles. In such cases, although the woman is pallid, anasarca, nevertheless her health and strength are good, and her nutritive functions are well executed. The fœtus also is well developed, and may be born healthy and strong. This has been termed serous plethora, and, like other varieties of hyperæmia, is often productive of serious complications, such as effusion within the cranium, chest, etc.

"*Eighth.*—The presence of albumen in the urine is no positive indication of nephritis or toxicæmia in the pregnant woman. This circumstance is merely the result of renal congestion, or of general plethora.

"*Ninth.*—In a large majority of cases of gestation, there is not only plethora, but also an increase of the nutritive elements in the blood, as may be inferred from the active growth and development of the fœtus in utero, and the excellent appetite, digestion, nutrition, health and strength of the mother.

"*Tenth.*—There are, of course, many exceptions to these general declarations. Many women, from their original or acquired temperament and constitution, from the loss of blood from acute or chronic diseases, are truly anæmic and chlorotic, and their blood is impoverished. In such cases there is a diminution of vital power. Examples may be readily found among the extreme poor and also among the wealthy and luxurious, especially in large and populous cities, of individuals whose physical education has been neglected and whose organism has never been properly developed. During pregnancy, therefore, they may require nutritious diet, tonics, and even stimulants to increase their vital power and the nutritious character of their blood. But even in such cases there will be, we think, a strong natural tendency to reaction and also to what is properly termed plethora; that is, an increased quantity of the cir-

culating mass; it is not in this case loaded with nutritious elements, but although deficient in these respects, the watery element is superabundant. This is the serous plethora of Madame Lachapelle, the hydræmia of late writers. Both these tendencies, therefore, may be productive of mischief, especially by inducing dropsical effusions in the cavities of the body. Although a good diet and tonics may be demanded, yet alteratives, laxatives, diuretics, etc., are indispensable, not to eliminate a poison, but simply to relieve the hydræmia or serous plethora."

[To be continued.]

The Pathology and Treatment of Venereal Diseases, INCLUDING THE RESULTS OF RECENT INVESTIGATIONS UPON THE SUBJECT. By FREEMAN J. BUMSTEAD, M. D., Lecturer on Venereal Diseases at the College of Physicians and Surgeons, New York; late Surgeon to the St. Luke's Hospital; Surgeon to the New York Eye and Ear Infirmary. A new and revised edition with Illustrations. Philadelphia: BLANCHARD & LEA. 1864.

It is gratifying to see, that notwithstanding the perturbing influence of a gigantic war, the work of building up an American Medical literature goes on. The volume before us is a second edition of a work which has been received with unusual marks of approbation by the profession. Dr. BUMSTEAD has explored an extensive and laborious field, gathering together the ascertained facts of many years; such, too, as he has, in most instances, been able to satisfy by personal observation, and constructed therefrom a compact, clean and systematic treatise on Venereal Diseases. Nothing of importance essential to the comprehension of the subject is left unsaid, while the author at the same time cannot be charged with bringing in irrelevant matter to amplify the dimensions of the volume.

The introduction is a concise historical statement of the three forms of Venereal Disease; gonorrhœa, the chancre, and syphilis. The next 277 pages are devoted to gonorrhœa and its complications; and the remaining 358 pages to the chancre, its complications, and syphilis.

The portions of the work which will concentrate most interest, are, First, that which relates to the two last discussions, in which the ground of the innocuous nature of what is usually called the soft chancre is carefully examined, and although inoculable, its incapability to establish a diathesis, or produce constitutional consequences re-affirmed; the name of *chancreid ulcer* or *contagious ulcer of the genitals* is assumed to be its appropriate designation; and Second, the almost simultaneous implication of the general system, and the appearance of the initial lesion, or chancre of syphilis; thus rendering all attempts to destroy the primary sore with a view to intercept the transportation of its infecting properties into the system, futile.

On these subjects the profession is by no means

a unit. There are those who in this country and abroad, shape, to a great extent, medical thought, who deny the affirmation, that a soft chancre is powerless to involve the system at large, at the same time admitting that the hard, or so-called Hunterian sore, possesses that tendency in a much higher degree. With this class the distinction is only in degree, and not in essence or origin. Time, and careful, cautious observation, will settle and adjust all conflicting opinions on these points. Opinions are worth nothing unless fortified by facts properly interpreted, and the best field for such an induction is the hospital. We do not think in the present stage of our knowledge any one has a right to pronounce absolutely in reference to these mooted points. The issue is too serious to admit of any therapeutical experimentation, which proceeds on supposition. Until, therefore, a much closer harmony of views is reached, we conceive that treatment is the safest which takes for granted that both hard and soft chancre may produce a general alteration of the blood, giving rise to constitutional phenomena; and that there is a period during which the hard chancre has only a local significance, and within which, if destroyed, no constitutional contamination will follow.

The work is well illustrated, and the typographical execution of an excellent character. The work should find a place in every medical library.

Transactions of the State Medical Society of Indiana, at the Fourteenth Annual Session, held in the city of Indianapolis, May 17-18, 1864.

The Society assembled in College Hall, and was called to order by Vice-President JOHN MOFFIT, of Rushville. After the transaction of the usual business and hearing the reports of the different committees, the annual address was delivered by Dr. MOFFIT, who first reminded the society of the decease of their lamented brother Dr. CALVIN WEST, whose genuine moral worth as a man and a christian, united with unabated zeal in the cause of the profession, had so actively contributed to the prosperity of the association. He then illustrated the progress of medicine in its evolution as a portion of the great law of development by analogy with the chief physiological law of all life. In his own view, medicine has advanced *pari passu* with all other branches of science, although many will fail to admit the fact because of the great difficulty in keeping before the mind the progress of a single branch, and even much more difficult is it to comprehend them all as they converge to a common point in medicine. The subject is handled with no little skill, and did our space but permit, we could refer to special parts of it with much satisfaction to our readers.

Dr. W. LOCKHART, of Danville, reports three cases where vaccination was followed by peculiar local and general symptoms. We detect nothing

in them, however, which would lead us to infer that syphilitic-innoculation is to be feared, but rather explain it by the appearance of cellular erysipelas at the time in the same neighborhood. Since the commencement of the present war, several hundred cases of anomalous *impure* vaccination have been reported, and attained through the public press an unwarrantable dissemination. In Europe also; several cases of syphilitic propagation are recorded upon authentic testimony—one by M. CHASSAIGNAC, and another by M. HIRARD. We know this is opposed to the current authority of RICORD and CUL-LERIER, who hold the transmission of secondary syphilis by vaccination as not demonstrated, and in view of the mentioned public rumors the official investigation ordered by Medical Director MILLS, of the Department of Missouri, throws much light upon the subject. The cases were probably something similar to the three by Lockhart, and we hope that others who have observed instances of a similar character will be induced to make them known through the columns of the medical press, that evidence of such a decided tendency will either demonstrate its transmission or the reverse; if the former is true, that means may be taken to prevent such disastrous effects, and if not, that the profession may at once condemn the assertion which is so eagerly retailed among an ignorant community.

Dr. HUTCHINSON, of Winterset, Iowa, furnishes a paper on the Fevers of Indiana, as observed by him during his earlier career. From 1839 to 1841, very malignant congestive fevers were met, after which the fevers assumed a more remittent and intermittent form. Typhoid fever also appeared about 1846 and continued until 1854, when the intermittent again returned. He also reports a case of Cancerum Oris supervening upon dysentery where a brother had died of a hemorrhagic affection of the bowels similar to it.

Dr. ROOKER, of Castleton, submits a paper upon Camp Diarrhoea which he considers a kindred disease to typhoid fever and engendered by similar causes. Men confined to one camping ground are more liable to it than when on the march, or when camps are frequently changed. The treatment recommended is analogous to that of typhoid fever, with a light nutritious diet. He found chlorate of potash valuable as did his friend Dr. Casselberry of Mt. Vernon. On *post-mortem* examination an inflamed condition of the small intestine was found with more or less ulceration of Peyer's glands.

We are sorry to see no more original matter published in the transactions, and although we know the profession in that State partakes of the patriotic spirit so largely disseminated throughout the mass of its citizens, and all who can have tendered their services to the Government, yet we wish to see those who cannot go, so combine zeal with patriotism that at the next meeting each will not only present a paper for himself, but one for each worthy member whose absence and duties in the field render such work impossible.

The next annual meeting will be held at Richmond, Wayne county, on the third Tuesday of May, 1865.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 2, 1864.

ANNOUNCEMENT OF THE TWELFTH VOLUME:—CHANGES.

This number begins the twelfth volume of the weekly series of the MEDICAL AND SURGICAL REPORTER. In commencing this volume we have the pleasure of announcing some changes, which, we believe will add greatly to the efficiency of our work, and be much to the advantage of subscribers and the profession generally.

In the first place it has become necessary for us to employ a competent person at a full salary to take charge of the business affairs of the REPORTER. The work has suffered much for the want of proper business management. It has been impossible for us, with our professional, editorial, and other duties, to give enough of our personal attention to it to have everything managed satisfactorily. We trust that our business manager will, in a short time, be enabled to put the affairs of the office on an improved footing. This step has been rendered necessary by the vast increase in our business. Five years ago the office of publication of the REPORTER was in our own house, and the work was all done by members of our household. Now, we occupy two rooms as publishing offices, in which constant employment is given to three hands in attending to the daily routine business alone, besides much that is done by others outside the office. Such a retrospect is calculated to make us feel grateful for the evidence it gives of the appreciation of our labors, and to lead us to hope that we are accomplishing, and will yet accomplish much for the good of our beloved profession.

The cosmopolitan character of the REPORTER is well known. We have always aimed to make it a representative of the profession of the *whole country*. To this end we have sought contributions from all sections, and particularly from the great medical centres of the country. As we have a very large constituency who look to New York city as their medical centre, we have determined hereafter to issue our work jointly from this city and New York. We shall have an editorial representative in that city who will be fully compensated, and who will be empowered to employ such agencies as will be necessary to secure for our pages such medical literary material as they can accommodate. This arrangement will add greatly to the interest and literary value of the REPORTER.

Lastly, we appear before our readers on better paper and with an improved typographical appearance. Since the first of May several pages of reading matter have been added to our weekly issues, and more will be added as soon as a decrease in prices will justify it.

In view of the above announcements which will involve us in an expenditure of several thousand dollars a year additional to our present very heavy outlay, we shall look to our subscribers for a still more liberal support than they have hitherto accorded. Let them unite in extending our circulation as much as possible. With a little effort on their part our list might be duplicated, which would give us the means to add greatly to the value of the REPORTER. By referring to the publisher's column on the second page of cover, it will be seen that we offer very liberal inducements to those who exert their influence in procuring new subscribers. The expenses incident to publication have increased enormously, and are still increasing, but we have a subscription list, which, in spite of that, we believe justifies us in inaugurating these changes. Besides, an experience of fourteen years has taught us that we can confidently rely on the profession to aid us in our efforts to improve the character of our medical literature.

MEDICAL JOURNALIZING.

In conducting a journal professing to be devoted to the interests of a particular class or association, especially a purely scientific one, there are certain considerations operating as guides and checks, which should never be disregarded or violated. This rule is particularly necessary in reference to periodicals devoted to the medical profession, and the advancement of its interests and usefulness.

The first great aim of a medical journal, whether quarterly, monthly, or weekly, should be to *increase the knowledge* of the profession, and to enable its practitioners more effectually to discharge their noble and responsible duties. For this purpose the serious injunction is imposed upon every editor to be industrious and vigilant in the collection and publication of every new idea, invention, or discovery by which the treatment of diseases may be facilitated. The pages of medical journals are almost the only vehicles whereby the constant and rapid improvements and advances now being made in almost every branch of medical and surgical science and art, can be brought to the immediate knowledge of the great body of practitioners, and it behooves

those upon whom the high and dignified, though self-assumed trust devolves, to be honest, faithful and competent in its performance.

The second object of medical journalism is, or should be, the maintenance of the dignity and honorable character and standing of the profession. As one means to this end "tale bearing and detraction" should be scrupulously avoided, though in the discussion of public measures bearing on the usefulness and honor of the profession, the acts of public characters are justly liable to criticism and even censure, in proper and dignified tone and language. All personal allusions, or notices of private deportment, which affect the standing of the individual only, are improper in a professional journal, as liable to detract from the character of the whole body. A journal is necessarily regarded as an organ of the craft by which it is sustained, and the tone and temper displayed by it, will, in the estimation of its non-professional readers, be regarded as the tone and temper of the whole profession. The injury inflicted upon the general character of the profession by the reckless personalities, and Ishmaelish opposition to many of the most respectable private physicians, by the editor of a recent medical periodical, (both now no more) is still fresh in the memory, and should serve as a warning to all present and future journalists.

In the third place it should be considered obligatory upon the conductors of every professional publication to let the public know *who the responsible parties are*. It is a right which we possess in common with every other member of the profession to know who it is that asks our countenance and assistance in the support of a paper, the utterances of which are claimed to be in the name of the profession. An anonymous editor, like an anonymous letter writer, can claim no consideration, and the unwillingness to be seen or known, while anxious to be heard, indicates anything but a proper regard for the responsibilities of the position.

No man or body of men *incognito*, can justly claim any regard, or demand any courtesy or aid from professional brethren, however independent he or they may feel or act. This is especially true in the case of a journal, which in its anxiety to show that it is independent, deals in personalities and detraction. Anonymous attacks on private individuals are always considered cowardly. Many improper things may be said from under a mask or domino, which would be visited with condemnation were the author known, but from which he may escape by his concealment. We very much mistake

the spirit of our profession if its countenance is ever given in any considerable degree to anonymous publications, even of apparently respectable character. The very act of concealment would indicate a desire to avoid the bonds of healthy professional discipline. Enunciations of scientific views, or of improvements in practice are very apt, and properly so, to fall still-born, unless made under the name of some one who can be recognized as of the true sheep-fold, for without it, they may be nothing better than newspaper theories or assertions, which "lead to bewilder and dazzle to blind."

THE SANITARY FAIR.

The "Great Central Fair" for the benefit of the Sanitary Commission which closed in this city recently, was certainly a great success as far as its being well got up, well managed, and a rare collection of curious and useful articles were concerned. As to its financial success in itself considered, we have very serious doubts. Its expenses must have been enormous—in money, we mean, for the cost of the time and labor of individuals, taken from their business and families, and which, in many instances, was extremely valuable, cannot be estimated. There is one item of expense that has not been taken at all into the calculation. We refer to the time lost in the public and private schools of the city. There was a school department of the Fair, and each public school section of the city had a table which was attended throughout the fair by the teachers, in many instances, we have understood, much against their will. Many weeks before the fair were spent in preparing articles for the tables, and in giving concerts, which also required great preparation and consequent loss of time from study. The disorganizing and consequent injurious effect of this sanitary episode on the schools is beyond calculation. At a late meeting of the Board of School Control, one member is reported to have said that it would take them a year, and another, two years to recover the ground lost.

If the soldiers could be benefitted by the contributions of time, labor, and money to the Sanitary Commission in a proportion at all commensurate to the cost to the community, no one would complain, but as it is, there is a strong feeling, which is increasing every day, that the work can be better accomplished, in some other way.

As a tasteful exhibition of curiosities and works of art, the fair was a magnificent success, such as is not witnessed once in a generation. The contributions in money, independent of the fair, were very large, and it is expected that nearly or quite a million dollars will be realized.

Notes and Comments.

THE AMERICAN AGRICULTURIST.

We feel constrained to again refer to this sterling monthly paper in words of decided commendation. To the physician who has a farm or a garden it is invaluable—but every physician should patronize it if only to see the neat way in which it exposes quackery and humbuggery of all kinds. The *Agriculturist* is one of the very few papers which does honor to the educated physician, and utterly repudiates charlatanism and pretensions of all kinds.*

The following we quote from the July number as a specimen of its course in regard to advertising "doctors:"

To Inquirers about "Doctors."—Some time ago it was stated in these columns that no physician who advertised his cures was worthy of confidence. This has brought a host of letters inquiring if "Dr." this or "Dr." that was included in this sweeping statement. We have given our opinion in general terms and see no reason to modify it. Letters of inquiry in regard to particular persons will not be answered. Any one who is foolish enough to risk his money for treatment of any disease by letter, deserves to lose it, and any, calling themselves physicians, who will treat patients in this manner, are quacks. Is not this a plain enough statement of our opinion? The fact is, there is a large class of persons who are the subjects of "nervous diseases and general debility" who are beyond the reach of medicine. An honest practitioner tells them so, and recommends a course of diet and life not agreeable for the patient to follow. The doctor who does this, is set down as knowing nothing, and the invalid, weak perchance in mind, as well as body, catches at every thing which promises relief. It is barely possible that there may be skillful and honest men who advertise their cures, as it is just possible that an honest man may be found in the society of pickpockets and gamblers, but it is not probable. Any properly educated physician who puffs his own cures, knows that he puts himself without the pale of decent society, and as he adopts the ways of humbugs and charlatans, he must be classed with the company of his choice.

Correspondence.

FOREIGN.

LETTERS FROM DR. W. N. COTE.

PARIS, June 9, 1864.

Will Plants Absorb Poison from the Soil?

According to certain researches made by M. GORUP BESANEY, in order to ascertain, whether plants can absorb poisonous substances from the soil, it appears that there is no danger of their absorbing any dangerous quantity of them. His experiments were made on arsenious acid, the carbonate of copper, lead, zinc and the oxide of mercury. He states that arable land possesses great absorbing power, in regard to metallic salts, but that it only absorbs the oxides and not the acids, which are washed away.

* The *American Agriculturist*, Orange Judd, Proprietor, New York. Price, \$1 a year.

Poisoned Toys.

The *Nouvelliste* of Marseilles mentions the death of a little girl, ten months old, in a rather extraordinary manner. A small nine-pin in bone, stained red, was given her to play with. She put it into her mouth and sucked off all the coloring matter. In a few hours after, symptoms of poisoning showed themselves; and, in spite of medical assistance, she died in a short time.

Poisoning by Digitaline—Dr. La Pomerai's Case.

I should have mentioned in my last letter the objections made by the counsel for the defence in the trial of Dr. LA POMERAIS. It was maintained that the dog which, during the experiments of the experts, survived after eating part of the organs of Mme. PAURO, would have certainly died if they had contained poison; and also that the sufferings it experienced were caused by the putrefaction of the organs. In the second place, the scrapings of the floor might have contained some poisonous substances used by photographers or painters; and thirdly, that these experiments of the experts were incomplete, because they did not give some digitaline to another dog, and compare its effects with those produced by the substance obtained from the scrapings of the floor and the organs of the deceased.

To these objections, Dr. TARDIEU replied that he and M. ROUSSIN were convinced that their experiments had been conducted with all due care, and that they proved the deceased to have died from poison. As to the experiment on the dog which was made ill, but did not die, far from weakening the proofs, he thought that circumstance strengthened them. The animal had eaten only a portion of the organs. In all cases of poisoning, the matters vomited contain the largest portion of the poisons; the dog which had swallowed the extract from the floor, really did die. The objection that they had not tried digitaline on another dog, Dr. TARDIEU considered but specious. They had not followed that course for two reasons: first, because they were already convinced; and secondly, because, if they had made the dog swallow digitaline, he would have vomited immediately. The only way to have kept it on the animal's stomach would have been by tying the œsophagus, and that operation had been so severely condemned by the Academy of Medicine, that, had the experts adopted it, they should have been blamed, and the defence might have asserted that the dog's death had been caused by the ligature. To the

third objection Dr. TARDIEU replied that he and his colleague had made comparative observations, and from them had become convinced that Mme. PAURO had been poisoned with digitaline. The dog which survived was at one moment almost dead, but recovered during the following night.

Statistics of Suicide in Europe.

The Academy of Medicine has received a highly interesting paper from M. LEGOYT, director of the Office of Statistics of France, on the number of suicides in Europe. From this laborious work it appears that suicides are most frequent in Northern Germany, and in various parts of Denmark. England, Belgium, Austria, and Spain stand nearly at the bottom of the scale. France holds an intermediate position. The suicides in Paris equal one-seventh of the total number in France. Generally, for every 100 suicides of men, there are from 29 to 30 of women. As to the causes, insanity and physical suffering are about as active in producing suicide among men as among women—as to the rest, the latter yield more to grief occasioned by moral causes than men, who are chiefly affected by material affliction, such as loss of property, bankruptcy, etc. The general result of the investigations of M. LEGOYT shows a universal and rapid increase of suicides. He attributes it to unlimited competition, to the immoderate thirst after wealth, to the progress of public instruction which excites ambition, to political agitation and speculation.

Flowers in Sleeping Rooms.

The following fact which I take from the *Sicéle* should act as a caution to careless amateurs of flowers. The loss of a life has just occurred in this city from the practice of keeping flowers in bed-chambers. A lady residing in the Rue des Trois-Moxelins had received from a friend a quantity of May lilies, which she placed provisionally in a large closet slept in by her daughter, a weakly child, aged six years. At night the mother forgot to remove the flowers, and the door was closed, but in the morning not hearing any movement in the closet, she went to see if her daughter was not yet awake. The child's sleep did not seem natural. The mother attempted to awaken her, but in vain, and a medical man being called in, he declared that she had been poisoned by carbonic acid gas emitted from the flowers.

Dr. GINTRAC.

The Academy of Sciences, at a late sitting, elected Dr. GINTRAC, of Bordeaux, as a corres-

ponding member for the section of medicine and surgery, in the room of the late Dr. DENIS, of Commercy.

Phenic Acid—A Remedy for Stings.

Phenic acid is said to be an excellent antidote for the sting of the bee or wasp. This acid is obtained by the decomposition of spyroilic acid, salicine and coal by heat. It is solid, colorless, and crystallizable; it melts at 35 degrees C., boils at 188 degrees, and has a peculiar odor and a pungent taste. It is scarcely soluble in water, but very much so in ether and alcohol. This acid applied to the place will stop the inflammation and take away all pain.

Simaba Cedron in Serpent-bites.

It will be remembered that a few years ago, M. HERRAN, French Consul-General at Salvador, discovered a sort of bean, the *Simaba Cedron*, which is a specific against the bite of venomous reptiles. While on an important mission across the mountain, one of the Indians of his suite was stung by an *equis*, one of the most dangerous of the snake tribe. Another Indian, however, at once administered a powder, which the patient swallowed, and a perfect cure ensued. M. HERRAN immediately purchased the secret, which was simply the above-mentioned bean reduced to powder. A quantity of this bean is now on its way to this country. You are aware that in France many accidents happen every year from bites of the viper, which abounds especially in the mountainous regions of the country. The symptoms which attend on the bite of a viper are, acute pain in the wounded part, together with a considerable degree of swelling, that is at first red, but afterwards becomes livid, and diffuses itself over the neighboring parts. After a short time the constitutional symptoms make their appearance—the person becomes fainter, the pulse is small and intermitting, nausea and vomiting ensue, the skin has a yellow tinge, and death not unfrequently is the consequence.

Cure of Headache by Compression of Temporal Arteries.

Dr. GUYON says that compression of the temporal arteries will cause the immediate cessation of headache in fever. He states that during the numerous invasions of yellow fever which he witnessed during his stay in the West Indies from 1814 to 1826, he had often had occasion to feel the pulses of the patients by the touching the temporal arteries instead of those on the wrists. One day he happened to exercise a stronger pressure than usual, when the patient

suddenly exclaimed, "How you relieve me!" and indeed the headache had disappeared. Having tried this method subsequently on other patients, not only in the case of yellow, but also of other fevers, he has invariably obtained the same result; and the only question to be examined is whether the compression is safe or not. Dr. GUYON after making a disquisition on the subject arrived at the conclusion that there is no danger—at all events, he declares that he has practiced this compression frequently, and often for a tolerably long time, without ever witnessing any evil effects from it. No doubt that when headache is caused by too great a determination of the blood to the head, the treatment recommended by Dr. GUYON may prove beneficial, but certainly it must be altogether inefficacious when cephalalgia is owing to other causes, such as indigestion, fullness of the stomach, long exposure to the sun, inebriety, or is the consequence of some nervous affection.

M. Tissier.

M. CHARLES TISSIER, the eminent chemist, chiefly known for his labors on aluminium, has just died at Rouen.

W. N. CÔTE.

News and Miscellany.

Hydrophobia.

A mad wolf entered, on the night of the 27th Jan. 1864, Ewangellezenvic, and bit 63 persons. Of these, 39 died of hydrophobia. Four men and eight women bitten escaped the disease. Of seven women who were nursing at the time, four died and three were cured. The children of these last, as well as the children of those who died, although taking the breast were not affected. Of two pregnant women bitten, one was cured, the other was delivered two days before the symptoms of hydrophobia appeared; the child of the latter was intrusted to a nurse and still lives.

The remedies employed for the disease produced no effect upon it, and it is impossible to say to what the twenty-one of these unfortunate persons who escaped owed their safety, as all were treated alike. *Med. News and Library.*

Accidental Division of Tendo-Achillis; Union by Silver Wire.

The *Pacific Medical and Surgical Journal* records a case where this tendon was severed and had retracted an inch and a quarter within its sheath. After the ends were brought into apposition, Dr. SIMMONS secured them with silver wire. Adhesive straps kept the leg flexed a few days when the ordinary slipper and dog collar were used. In four days union began and in a few weeks longer the patient was able to walk with a high-heeled shoe. Scarcely any stiffness ultimately remained and he now walks with the slightest perceptible halt.

Army and Navy News.

Sick and Wounded Officers.

WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE,
WASHINGTON, June 18, 1864.

[General Orders, No. 213.]

1. All sick and wounded officers, absent from their commands and not fit for duty in the field, but able to sit on Courts Martial, will immediately report their names and address to the Adjutant General of the Army.

2. All staff and regimental medical officers, now on leave, in the Department of the East, in New Jersey, the eastern part of Pennsylvania, and the eastern part of Maryland, if able to travel, will report to the nearest Medical Director for examination; and those found unfit for active service, but able to do hospital duty, will be ordered to report immediately at the hospital at Camp Parole, near Annapolis, Maryland, for such duty as the Surgeon in charge may require of them.

By order of the Secretary of War:

[Official.] E. D. TOWSE, Asst Adj't General.
Assistant Adjutant General.

Appointments.

Dr. George H. Blickhahn, of Missouri, to be Surgeon, 28th U. S. Colored Troops.
Asst Surgeon W. B. Crandall, 29th Connecticut Vols., to be Surgeon, 33d U. S. Colored Troops.
Acting Asst Surgeon C. K. Hendee, U. S. A., to Asst Surgeon, 107th U. S. Colored Infantry.
Dr. B. F. Harrison, of New York, to be Surgeon, 108th U. S. Colored Infantry.
Dr. J. Lysander Eaton, of Missouri, to be Asst Surgeon, 2d U. S. Colored Troops.
Dr. Eldred P. Gray, of New York, to be Surgeon, 101st U. S. Colored Troops.

Resignations.

Surgeon David B. Sturgeon, U. S. Vols., to take effect April 3d, 1864.

Died.

Hospital Steward James H. D. Shaw, U. S. A., June 12th, 1864, at Key West, Florida, of yellow fever.

Orders.

Surgeon William I. Wolfley, U. S. V., and Asst Surgeon P. Glennan, U. S. V., will report to Surgeon R. O. Abbott, U. S. A. Medical Director, Department of Washington, for assignment to duty.

Asst Surgeon George P. De Grassi, U. S. Vols., will report to the Commanding General, Army of the Potomac, for assignment to duty.

Asst Surgeon J. F. Brown, 94th New York Vols., will report for temporary duty to Surgeon F. H. Gross, Camp Parole, Annapolis, Md.

The Quartermaster General, U. S. A., will direct that the following named buildings be leased for one year for hospital accommodations in the Dep't of the Surgeons:

The building at Beverly, N. J., examined and reported upon by Lieut. Colonel John L. Le Conte, Medical Inspector, U. S. A.

The building at Whitehall, Pa., examined and reported upon by Asst Surgeon C. H. Alden, U. S. A.

Leaves of Absence.

Surgeon C. J. Kipp, U. S. V., for seven days.

Asst Surgeon J. H. Doughty, U. S. Vols., for twenty days.
Hospital Chaplain Manuel J. Gonzalez, U. S. A., for twenty-five days.

Hospital Chaplain S. S. Morrill, U. S. A., for thirty days.

Assignments.

Surgeon Francis Green, U. S. V., as Surgeon in charge Eruptive Fever Hospital, Louisville, Ky.

Surgeon A. C. Schwarzwelder, U. S. V., as Surgeon in charge Totten General Hospitals Louisville, Ky.

Asst Surgeon A. E. Carothers, U. S. V., as Surgeon in charge Post Hospital, Brownsville, Texas.

Surgeon C. S. Frink, U. S. V., as Surgeon in Chief 1st Division, 23d Corps, Army of the Ohio.

Asst Surgeon R. K. Clay, U. S. V., awaiting orders.

Surgeon A. M. Clark, U. S. V., as Surgeon in Chief 1st Division, 18th Corps, Army of the Potomac.

Surgeon J. B. Morrison, U. S. V., as Surgeon in Chief 3d Division, 18th Corps, Army of the Potomac.

Asst Surgeon S. J. Radcliffe, U. S. V., as Medical Reporter, 8th Corps, Army of the Potomac.

Acting Asst Surgeon H. H. Blashoff, U. S. A., to Totten General Hospital, Louisville, Ky.

Regular Naval Orders.

Surgeon John Thornley, detached from the Naval Rendezvous, New York, and waiting orders.

Surgeon William E. Taylor, detached from the Tuscarora, and waiting orders.

Surgeon Robert Woodworth, ordered to the Naval Rendezvous, New York.

Ass't Surgeon Wm. H. Jones, ordered to the Practice Steamer Marblehead.

Ass't Surgeon A. R. Oberly, detached from the Naval Academy and ordered to the Macedonian.

Ass't Surgeon Adolph A. Hochling, detached from the Roanoke, and waiting orders.

Ass't Surgeon George W. Woods, ordered to the Roanoke.

Ass't Surgeon Daniel M. Skinner, ordered to the Marion.

Surgeon E. O. Dean, to do duty at the Park Barracks, New York.

Ass't Surgeon Samuel G. Weber, ordered to the China.

Ass't Surgeon J. O. Burnett, detached from the Naval Hospital, Norfolk, Va., and waiting orders.

Surgeon Edward F. Corson, orders to the Ohio revoked.

Surgeon James Luddards, detached from the Canandaigua, and waiting orders.

Surgeon Philip Lansdale, ordered to the Canandaigua.

Surgeon Wm. E. Taylor, ordered to the Ohio, at Boston, Mass.

Volunteer Naval List.

Edward W. Avery, appointed Acting Ass't Surgeon, and ordered to the Banshee.

Charles S. Green, appointed Acting Ass't Surgeon, and waiting orders.

William J. Simon, appointed Acting Ass't Surgeon, and ordered to temporary duty on the Princeton.

Woodbury J. Frost, appointed Acting Ass't Surgeon, and ordered to temporary duty on the Ohio.

Acting Ass't Surgeon Samuel S. Adams, resignation accepted.

Acting Ass't Surgeon M. F. Delano, ordered to the Carrituck.

Acting Ass't Surgeon Henry Johnson, detached from the Carrituck, and ordered to the Patuxent.

Acting Ass't Surgeon Benjamin F. Bigelow, detached from the Albion, and waiting orders.

Acting Ass't Surgeon William H. Bennett, ordered to the Mount Vernon.

Acting Ass't Surgeons Oswald Warner, W. H. Campbell and Wm. Neilson, resignations accepted.

Acting Ass't Surgeon William Galer, ordered to the Jacob Bell.

ANSWERS TO CORRESPONDENTS.

Correspondents will please bear in mind that it is just now exceedingly difficult to get some kinds of work done, and much delay is sometimes caused thereby in filling orders. *Everything is at maximum prices.* Many books are out of print, and publishers are not issuing many new works or editions. Foreign books had better not be ordered.

Dr. W. L. R., Illinois.—The revised edition of the U. S. Dispensary is not yet ready. It is in course of preparation, we believe. Cost about \$6 probably. Flint's Practice of Medicine is in press, and will be issued soon. We do not know the price.

Dr. S. Y., Maine.—The price of an adult skeleton bleached and wired, will be from \$25 to \$40. It can be sent by express. The bones unwired can be had for \$10 to \$15. Ether, used in bleaching, is very expensive now, and adds much to the cost. At the lower figures the bones are not bleached by ether.

MARRIED.

SCHOALES—BROWN.—On the 21st of June, in Martinsburg, Va., by the Rev. Dr. Costello, J. D. Schoales, Surgeon Twelfth Pennsylvania Cavalry, and Miss Annie Brown, eldest daughter of Thomas Brown, Esq., of North Mountain, Va.

SPENCER—ARMSTRONG.—On Tuesday, June 7th, by Rev. John E. Carson, Dr. M. A. Spencer and Miss Gettie C. Armstrong, all of Doylestown, Ohio.

DIED.

BELLINGHAM.—In Petersburg, Va., June 20th, of a wound received on the 9th, Dr. William Bellingham, of Petersburg. Dr. Bellingham was a native of Delaware, and had lived in Petersburg since 1892.

COFFMAN.—At Phoenixville, Chester County, Pa., on June 9th, Willie E., son of Margaret L. and Dr. Daniel Z. Coffman, aged 1 year and 11 months.

SKILLMAN.—At New Brunswick, N. J., on Sunday, June 26, Jacob T. B. Skillman, M. D., aged 70 years.

METEOROLOGY.

June	20.	21.	22.	23.	24.	25.	26.
Wind.....	S.	S. W.	W.	N. E.	N. W.	W.	S. W.
Weather ...	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain...							
Thermometer							
Minimum.....	58°	61°	54°	60°	68°	71°	75°
At 8 A. M.....	73	70	65	75	77	83	87
At 12 M.....	82	77	78	81	83	90	92
At 3 P. M.....	84	75	79	86	87	94	93
Mean.....	74.1	70.3	69.0	75.2	78.1	84.2	86.3
Barometer.							
At 12 M.....	30.2	30.4	30.2	30.1	30.1	30.0	30.0

Germantown, Pa.

B. J. LEEDOM.

MORTALITY.

	Philadelphia. Week ending June 25.	New York. Week ending June 27.	Baltimore. Week ending June 27.	Boston. Week ending June 25.	Providence. Week of June 8.
Pop'n, (estimated.)	620,000	1,000,000	240,000	180,000	52,000
Mortality.					
Male	189	231	63	38	43
Female	133	216	56	47	46
Adults	158	203	37	44	43
Under 15 years	152	234	84	39	41
Under 2 years	102	146	61	31*	28
Total	322	447	121	85	89
Deaths in 100,000.....	51.94	44.70	50.41	47.22	176.15
American	232	282	...	61	75
Foreign	66	165	...	24	14
Negro	28	20	18	2	2
ZYMOTIC DISEASES.					
Cholera, Asiatic.....	...	...	...	...	...
Cholera Infantum.....	10	12	20	2	...
Cholera Morbus.....	2	2	...	...	...
Croup	3	12	4	1	3
Diphtheria.....	6	12	1	2	...
Dysentery.....	5	12	4	1	5
Erysipelas.....	7	12	6	2	...
Fever, Intermittent.....	2	1	...	...	3
Fever, Remittent.....	...	1	...	...	...
Fever, Scarlet.....	...	3	...	...	...
Fever, Typhoid.....	9	15	1	2	14
Fever, Typhus.....	7	9	...	3	2
Fever, Yellow.....	2	24	...	...	1
Hooping-cough.....	...	...	...	...	...
Influenza.....	1	1	...	...	3
Measles.....	...	...	...	...	...
Small Pox.....	2	9	6	2	1
Syphilis.....	...	6	7	...	...
Thrush.....	...	...	...	1	...
SPORADIC DISEASES					
Albuminuria.....	...	5	...	...	...
Apoplexy.....	6	3	1	1	2
Consumption.....	41	60	11	12	13
Convulsions.....	19	27	3	...	1
Droopy.....	8	37	2	3	...
Gun-shot Wounds.....	31	...	...	...	...
Intemperance.....	3	3	...	...	...
Marsanism.....	13	24	...	2	1
Pleurisy.....	...	1	...	...	1
Pneumonia.....	7	27	1	4	6
Puerperal Fever.....	...	1	...	...	...
Scrofula.....	1	...	...	...	...
Violence and Acc'ts	25	18	3	6	2

* Under 5 years.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.

Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.

" VI. Nos. 18, 19, Aug. 3, 10, '61.

" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12,

Dec. 7, '61, to March 8, '63.

" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.

" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62,

Dec. 27, '62 & Jan. 3, '63, Jan. 24 & 31, '63.

" XI. Nos. 1, 3, 4, 5, 7, 11, 21, Jan. 2, 10, 23, 30, Feb.

13, March 12, May 21, '64.